

X. CONFIDENTIALITY

All employees, consultants, HCE. Implementation of the Privacy Act under the Health Insurance Portability and Accountability Act (HIPAA) adds to the confidentiality requirements necessary for the SUR department. Under the provisions of covered entities, the SUR department is an extension of the IHCP and must adhere to the additional requirements of the Privacy Act.

The SUR department frequently handles and accesses confidential and protected health information material. The SUR department implements several measures which, provide for the security of the confidential material. (Additional security and confidentiality is outlined in the Facilities and Security Plan.)

- All employees, consultants, and reviewers will be subject to the provisions of the Confidentiality Plan. After receiving education in confidentiality, each employee will be requested to initially sign, and re-affirm on an annual basis, his or her understanding and compliance with the plan.
- The departmental entrances are labeled with restricted access. No unauthorized person is permitted beyond the restricted access areas without supervision from a Health Care Excel employee. All visitors and/or guests are required to sign-in on an attendance roster located in the lobby. All visitors and guests must be accompanied by an authorized HCE employee at all times when in the restricted areas.
 - All employees must have a name badge visible to identify themselves as Health Care Excel employees.
 - The SUR department accesses and maintains confidential material. Usernames and passwords are required to access this material. No employee is permitted to share his or her username or password with anyone else. Unattended computer terminals are to be secured from unauthorized access into the system.
 - The SUR department must access the IndianaAIM database, maintained by EDS, to process provider claims that suspend to Locations 30 and 31 for review. Additional usernames and passwords are used to access this system. Passwords are changed every 30 days and/or as needed. No employee is permitted to share his or her username or password with anyone else.
 - The SUR department frequently maintains and handles confidential paperwork that can include faxes and copies of protected health information. All confidential material will be maintained within the restricted or secured areas of HCE. Confidential material must always be concealed from plain view. Confidential bins are available in each department for disposal and shredding of confidential paperwork and material. All confidential material should be placed in these labeled bins for proper disposal of protected health information. At no time should protected health information or confidential material be disposed of in the regular trash bins.

All breaches of confidentiality are to be reported to the Director of SUR, the Program Director, or alternative Director. Additional information regarding confidentiality and security is outlined in the Facilities and Security Plan, Quality Management Plan, and the Peer Review and Consultant Handbook.

XI. SAFETY AND SECURITY

The Safety Plan is designed to protect and/or to prevent harm to the employees, the facility, or assets of HCE. New employees are educated in safety and must take a pre-and post-test demonstrating his or her understanding of the material. Random drills are conducted to assess the employee's knowledge of safety.

The SUR department must designate an employee to serve as a member of the Safety Emergency Response Work Group (SERW). This individual will perform semi-annual inspections of the department and participate in the quarterly SERW meetings. The SERW member will also act as a fire warden for fire prevention in the department. In an emergency situation, the SERW member will assist with coordination efforts between the supervisors and other individuals.

When an emergency occurs, employees will be notified by an announcement from the receptionist or by the Director of SUR. In the absence of the Director of SUR, the SERW member will implement the emergency plan with the direction of the next in command.

During a disaster, when time permits, the following procedures will be followed.

- The department director (or designee) will account for all employees and implement emergency procedures.
- The department director (or designee) will notify EDS and OMPP that an emergency has been declared, thus normal SUR department business functions are being temporarily disrupted. EDS and OMPP will be notified when business functions have been resumed.
- Each employee will shut down and/or turn off all computer equipment in his or her cubicle.
- Each employee will place all paper in file cabinets and close all file drawers.
- Each employee will be responsible for closing blinds located in their cubical or office.
- The department director will be responsible for closing all doors.
- All employees will follow the appropriate procedure for the disaster occurring according to the Employee Safety Handbook. The department Secretary's are required to submit all pre and post test to the Program Improvement department at the HCE Terre Haute office.

- Fire – Evacuate the building. Do not use elevator.
- Tornadoes – Evacuate to the lowest possible floor; go to an interior room, restroom, or interior stairwell; avoid windows, glass, and skylights; take shelter under sturdy, heavy furniture; crouch down and protect your head and neck with your arms; if you are outside, move indoors as quickly as possible; do not stay in a vehicle.
- Bomb threats – notify supervisor; keep caller on the phone; get as much information as possible; assess the background noises. Use Bomb threat guide.
- Earthquakes – stay out of the elevators; go to an interior room; take cover under sturdy furniture; stay away from objects that can fall; protect head and neck with arms.

Once the emergency is over, the Director of SUR (or designee) will account for all employees and coordinate with the members of the Emergency Management Team to implement recovery processes.

XII. RECORD RETENTION AND STORAGE

The case retention and storage plan will identify steps to follow for proper storage of SUR materials to maintain contract compliance. SUR Staff, including the SUR Secretary, will update the SURS database to reflect the location of all SUR cases. Case tracking will be maintained in the “file tracking” section of the SURS database.

A. Provider Case Files

Provider case files will contain all pertinent case information and be organized in the following fashion.

Left side (front to rear, if applicable)

- Documentation leading to case assignment (eg. PI referral, ranking report)
- Provider Base Screen (IndianaAIM)
- Provider Address (IndianaAIM)
- Provider Paid Amounts
- On-Demand Reports
- Management Routing Form – Offsite Review
- Offsite review

Right Side (front to rear, if applicable)

- IMFCU Release Request – Audit Recommendation
- IMFCU Release Response
- Initial Telephone Contact
- Notification of review or medical record request letter
- Entrance and Exit Conference notes
- Exit Conference sign-in sheet
- IMFCU Release Request – Audit Findings
- IMFCU Release Response
- Findings Delay Letter
- Interest Calculation Sheet (random sample-non-hospital)
- Management Routing Form – Findings Letter
- Copy of Findings or Educational Letter (Staple green card receipt)
- Provider statements of issue
- Management Routing Form – Response to Statement of Issues
- Interest Calculation Sheet (random sample-non-hospital)
- Copy of Response to Statement of Issues (Staple green card receipt)
- All IMFCU communication regarding provider case (filed chronologically)
- All fax or email communication with the provider (filed chronologically)
- Closing Summary

Audit files will contain medical record documentation including abbreviation lists and signature information received from the provider at the time of the audit. In addition, Approval received from OMPP to shred any claim specific documentation where no audit findings are identified for recoupment.

1. Active/Open Cases

Active or open cases are defined as those cases where audit processes are still occurring. All cases within this category will remain within the SUR department or SUR storage area on the second floor of HCE, space permitting. If the volume of documentation related to active or open cases exceeds the available storage space identified, records will be temporarily stored at an off-site storage facility.

2. Inactive/Closed Cases

Case closure can occur in two ways. If a provider does not appeal the initial audit findings, the case is considered closed once the provider repays all related recoupment. If a provider does appeal, the case is considered closed when the dismissal notice is received from the IFSSA-OMPP legal office.

- a. The SUR Reviewer will ensure the case is in turnover condition and deliver the case to the SUR Secretary. The SUR Secretary will file the case in state storage boxes. After closure, the case file and any related audit materials will remain together at all times.
- b. Cases will be stored in the HCE second floor storage area until one year after the date of case closure. The SUR Secretary will generate a report quarterly from the SURS database to identify all closed cases over one year old. These cases will then be purged to off-site storage based on case closure date. This time period will allow for a follow up compliance review of the provider's billing patterns to be completed.
- c. After one year of inactivity, cases will be purged by State Fiscal Year (SFY) closure date and moved to an off-site storage company. The SUR Supervisor, utilizing SUR Reviewers and the SUR Secretary, will complete this purging project. Coordination with facility management is essential.
- d. All files will be transferred to approved IFSSA storage boxes and labeled according to IFSSA storage guidelines. See **EXHIBIT X – 1**.
- e. SUR Secretary will keep an accurate list of files contained in each box in accordance with the HCE Turnover Plan. This will include a comprehensive inventory, as well as an individual list of contents within each box.

3. Off-Site Storage

Cases will be stored at an off-site storage facility. Case contents will be kept in alphabetical order, arranged according to the SFY of case closure.

- a. Boxes may be requested from the off-site storage facility for research when necessary. The SUR Reviewer will coordinate with the SUR Secretary to locate the box containing the required information.

Once the box is identified, the SUR Secretary will complete the Recall Customer Order Form For Delivery and send to the HCE Office Support Specialist. See **EXHIBIT X – 2**

- b. At the end of each state fiscal year, cases will be transferred to State of Indiana Records Center, per the Formula for Disposal of Closed Surveillance Utilization Review Cases, **EXHIBIT X – 3**.

The SUR Secretary will complete the FSSA Record Transmittal and Receipt form and send it to the Manager of the FSSA Forms/Record Management Unit at the State of Indiana Records Center. See **EXHIBIT X – 4**. Arrangements will be coordinated with FSSA Forms/Record Management Unit for the transfer of boxes.

4. State of Indiana Records Center-Destruction of Cases

- a. The State of Indiana Records Center will store SUR cases until destruction occurs.
- b. Boxes may be requested for research when necessary. The SUR Reviewer will coordinate with the SUR Secretary to identify the box containing the needed information.

Once the box is identified, the SUR Secretary will send an email to the OMPP Administrative Assistant with the request. The OMPP Administrative Assistant will fill out the Request for Record form and send it to the Manager of FSSA Forms/Record Management Unit at the State of Indiana Records Center. See **EXHIBIT X – 5**. The State of Indiana Records Center will coordinate the delivery with the SUR Secretary.

- c. Cases will be destroyed six state fiscal years after the case closure date per the Formula for Disposal of Closed Surveillance Utilization Review Cases, **EXHIBIT X – 3**.

1. The State of Indiana Records Center will destroy all SUR cases based on the retention schedule.

2. All coordination for destruction will occur between the State of Indiana Records Center and OMPP, as the SUR cases at this phase are considered IFSSA-OMPP property. SUR involvement is not necessary.

B. Prepayment Review Files

Claims related to prepayment review will be stored at the HCE office, grouped by provider number and claim adjudication date.

1. Claims will be boxed and purged to the HCE second floor storage area on a monthly basis or more frequently, when necessary. These boxes of claims will remain in the HCE second floor storage area until the maximum capacity has been met. Once the maximum capacity has been met, these boxes will be purged to an off-site storage facility.
2. Boxes will be purged to the off-site storage facility after prepayment review is terminated for the provider.
3. Boxes of prepayment review claims will follow the same labeling, purging, and destruction procedures previously outlined for provider case files.

C. Restricted Card Program-Files

Cases will be stored in alphabetical order by member's last name in the SUR department.

1. Cases will remain in the SUR department throughout the period of the member's restriction.
2. Once the restriction is terminated, cases will be purged to HCE second floor storage area in alphabetical order by member's last name, arranged by state fiscal year.
3. If member case files exceed the available storage space, case files will be grouped by state fiscal year of closure and transferred to off-site storage.
4. Boxes for member case files will follow the same labeling, purging, and destruction procedures previously outlined for provider case files.

D. Contract Specific and Compliance Related Information

All records related to compliance and contract monitoring will be stored at the HCE office during the period of the applicable contract. The SUR Director is responsible for maintaining and storing these records within the SUR department.

EXHIBIT XII – 1
STATE FORM 25186

| | | | |
|-----------------------------|--------------|---|--|
| Agency | | Barcode (CPR Use) | |
| Division | | | |
| Records Series Title | | Record Series No. | |
| Inclusive Dates | | Arrangement of Files <input type="checkbox"/> Numerical, From: <input type="checkbox"/> Alphabetical, From: <input type="checkbox"/> Chronological, From: | |
| From | To | | |
| Carton Number | Notes | | |
| Location Number | | Destruction Date (month/year) | |

State Form 25186 (R3 / 1-98) (Instructions: to be used with State Form 46634 (R/ 11-97) file storage box)

EXHIBIT XII-2 CUSTOMER ORDER FORM

| | | | | | | |
|---|---|---|---|--|---|---|
| | | DELIVERY COLLECTION ACCESS Fax to: (866) 234-1719 | | | | Circle One |
| Account No. | I. <i>ON111056/SUR</i> | | Email | II. | | Date / Time Order Rec'd |
| Company Name | HEALTH CARE EXCEL INCORPORATED | | | | | Customer Auth Name |
| Contact | Nicole Smith | | Phone | 317-347-4500 x 310 | | Fax: 317-347-4535 |
| Delivery Address | <div style="display: flex; justify-content: space-between;"> Floor/Suite: Mail Code: </div> | | | | | |
| Recall Standards | Routine 50 Cartons MAX per WO | Priority 25 Cartons MAX per WO | Priority Plus 25 Cartons MAX per WO | Urgent 10 Cartons MAX per WO | Custom Per Contract ONLY | Scheduled Per Contract ONLY |
| | Before 15:00 delivered next business day by 17:00 | Before 10:00 delivered same day by 17:00 | Before 12:00 delivered same day by 17:00 | Before 08:00 delivered same day by 11:00 | Emergencies, after hours, weekends, special projects – contractual basis ONLY. | Scheduled: Customers contract in advance for deliveries that are scheduled according to a predetermined |
| | After 15:00 delivered 2 nd business day by 17:00 | Between 10:00 and 15:00 delivered next business day by 12:00 | Between 12:00-17:00 delivered next business day by 11:00 | Between 08:00 and 15:00 will be delivered within 3 hours | Deliver By: MM / DD / YY ____ / ____ / ____ ____: ____ AM / PM | Deliver By: MM / DD / YY ____ / ____ / ____ ____: ____ AM / PM |
| | | After 15:00, delivered next business day by 17:00 | After 17:00, delivered next business day by 17:00 | After 15:00, delivered next business day by 11:00 | | |
| Perm Out: <input type="checkbox"/> Destruction: <input type="checkbox"/> (Customer must sign order for Perm Out/Destruction) | | | Inventory Report: Y N Email or Print* Circle One *Print has a \$20 Prep, Mailing Fee | | Supplies <div style="display: flex; justify-content: space-between;"> <div> Carton Stock: Bar codes: Other: </div> <div> Premium QTY: _____ Size: S7030 Standard: Qty: _____ Size: _____ QTY: _____ Item: _____ QTY: _____ </div> </div> | |
| Collection | Carton Quantity/Size: _____ File Quantity/Size: _____ Load Dock: Y N On Pallet: Y N | | | | | |
| # | Carton/ File | Bar Code | Alternate ID | Description | Requestor & Cost Center | |
| 1 | C / F | | | | | |
| 2 | C / F | | | | | |
| 3 | C / F | | | | | |
| 4 | C / F | | | | | |
| 5 | C / F | | | | | |
| 6 | C / F | | | | | |
| 7 | C / F | | | | | |
| 8 | C / F | | | | | |
| 9 | C / F | | | | | |
| 10 | C / F | | | | | |
| Special Instructions /Comments: | | | | | | |

ISO-CM-0084-0006-SG-2004-SUR-0001

EXHIBIT XII – 2
CUSTOMER ORDER FORM (Continued)

| | | | |
|--|--------------------|------------------------|--------------------|
| CUSTOMER AUTHORIZATION (Signature & Name): | | | |
| Work Order Number: | (Recall Generated) | Time WO Created | (Recall Generated) |
| Bottom Line: Delivery Collection* Access NOT LATER THAN: Date _____ Time _____ | | | Service Level |

**EXHIBIT XII – 3
FORMULA FOR DISPOSAL
OF CLOSED
SURVEILLANCE UTILIZATION REVIEW CASES**

| <u>FISCAL YEAR</u> | <u>DATE TO BE TRANSFERRED TO RECORDS CENTER(*)</u> | <u>DATE TO BE DESTROYED</u> |
|-------------------------------|---|--|
| 97(7/96 – 6/97) | 7/98 | 7/2003 |
| 98(7/97 – 6/98) | 7/99 | 7/2004 |
| 99(7/98 – 6/99) | 7/2000 | 7/2005 |
| 2000(7/99 – 6/2000) | 7/2001 | 7/2006 |
| 2001(7/2000 – 6/2001) | 7/2002 | 7/2007 |
| 2002(7/2001 – 6/2002) | 7/2003 | 7/2008 |
| 2003(7/2002-6/2003) | 7/2004 | 7/2009 |
| 2004(7/2003-6/2004) | 7/2005 | 7/2010 |
| 2005(7/2004-6/2005) | 7/2006 | 7/2011 |

NOTE:

(*) – The Record Series for these records states “TRANSFER to the RECORDS CENTER one (1) year after closure of case and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges.” The State Board of Accounts is normally one year behind in their Audits. As of this date, they are currently conducting an audit of FY 2004(7/2003 – 6/2004). Records for FY 2003 and prior which are not eligible for destruction as of 7/2005 and prior can be shipped to the Records Center, ICPR. The above formula can be continued into the future.

EXHIBIT XII – 5 REQUEST FOR RECORD FORM

| REQUEST FOR RECORD State Form 24019 (R4 / 9-88) | | Name and Title of Requestor 1. | | Telephone Number () 2. | |
|--|--|-----------------------------------|-------------------------|--------------------------------------|------------------------------------|
| Agency and Division 5. | | Signature of Requestor 3. | | Date Signed (Month, Day, Year) 4. | |
| NAME OF RECORD SERIES REQUESTED 7. | | RECORD SERIES NUMBER 8. | DATE OF RECORD 9. | BOX NUMBER 10. | LOCATION RANGE ROW SHELF 12. |
| | | | | | |

RECORD CENTER USE ONLY

☐ Record Destroyed

☐ Location Info. Incorrect (pls. recheck)

☐ On Previous Loan To:

☐ Not in Box

ONE ITEM PER REQUEST FORM

Name or Number of File
13.

14.

11. ACCESSION NUMBER:

DISTRIBUTION: White - Requesting Agency; White - Records Center; Canary - Records Center; Green - Records Box

XIII. QUALITY – INTEGRITY REVIEW

The primary objective of HCE will be to administer the Medical Policy and Review Services contract in a manner that promotes the timely delivery of appropriate services, supports the objectives and guiding principles of the IHCP, and promotes efficiency and effectiveness throughout the program. We will educate and support the staff to achieve these objectives. The Quality Management Plan delineates the components of performance and standards and is a companion plan to the Surveillance and Utilization Review Operations Procedures.

The foundation for our continuous quality improvement efforts will be a high level of sensitivity and responsiveness to the needs of individuals and organizations involved in, and associated with, the IHCP. Our strategy will involve the identification of the types of information that are needed, who needs it, how to gather, analyze, and present the information. We will determine how to evaluate the effectiveness of the information and our services, and last, but not least, how to improve in the provision of information and delivery of services to our customers.

Each employee will serve multiple customers. Employees have the responsibility and the accountability to know their customers, understand changing expectations, and consistently perform to meet or exceed those expectations. Employees are more capable of pleasing the external customers when they work well together as customers of each other through planning, communicating, and producing quality, timely work products and services. An effective project management system will be established and maintained with these desired features.

| | |
|---------------------------------|---|
| Quality and Reliability: | ensuring conformance to the contract and its performance standards. |
| Timeliness: | ensuring that each deliverable is provided within the prescribed timeframe. |
| Efficiency: | ensuring that tasks are completed within the approved cost parameters. |

Although individual department performance rests primarily with the department Director, they also attach to other departments and individuals to achieve total contract compliance and exemplary performance. Collaborative interdependency is critical to the successful achievement of the State's program objectives. Management will be held accountable for contract performance, as evidenced through measurements of the quality, timeliness, and production of contract services. Further, management will impart knowledge to their coworkers and subordinates through formal training programs, one-on-one consultations, and feedback from the performance monitoring system.

A. Education of SUR Staff

SUR staff will receive education as established by the Quality Management Plan. Education will be provided through several forums. These will include formal programs, information conveyed in staff meetings, and routing and posting of written information. Knowledge will be assessed through the use of pre- and post-training knowledge assessments return demonstrations and observation of daily work.

Initial generalized training will consist of elements for which a basic understanding is required for successful management of the Indiana Medicaid Policy and Review Services contract. New employee general training elements have been stated below.

- HCE policies and procedures
- Operation of equipment
- Use of hardware and software
- Confidentiality Agreement
- Program integrity
- Safety
- Security
- Quality management and performance standards
- Principles of continuous quality improvement
- Customer service attitude
- Overview of the Indiana Health Coverage Programs
- Overview of the Medical Policy contract
- Overview of the SUR department
- Overview of the PA department
- Overview of the Medical Policy department
- HIPAA Security and Privacy Requirements
- Documentation protocols and standards
- Communications and Central Points of Contact
- Partners and other program entities
- Provider and member constituency groups
- Responsibilities and duties of other contractors
- Fraud and Abuse Detection and Prevention

B. Plan for Remedial Training

Every effort will be made to assist employees to succeed. Remedial training will be available for employees who are at risk of failure. Knowledge assessments will be administered to establish indicators of adequate understanding to conduct duties. A minimum score of ninety-five percent (95%) will be required to continue to perform without remedial education. Remedial education will be individualized to best match the person's needs.

In the event that a significant department performance deficiency has been identified that is beyond the acceptable range of performance and has not been able to be resolved, a performance improvement plan (PIP) will be developed and implemented. The Program Director will request that the Director of SUR develop and submit a PIP. The process for corrective action has been delineated in the Quality Management Plan.

C. Education for Consultants and Advisory Panels

Physicians and other consultants will receive education appropriate to their services on behalf of the SUR department. Typically, an explanation of the audit issue and the reason for the involvement of the consultant or association should be sufficient to convey the purpose for the services. The explanation usually will occur in the form of a written referral to the consultant, which will be accompanied by records to be reviewed for determination of audit findings.

Independent consultants and reviewers will be subject to standards of professional performance and privacy standards. The Medical Director will have an important role in the education, monitoring, and feedback associated with consultants. The establishment and support of productive and meaningful relationships between the Medical Policy contractor and the provider community is an essential ingredient to appropriate program management. Support of association education will be conducted through a variety of venues, including participation in provider meetings and training, contribution to bulletins and other published written material, and responsive and timely letters to inquiries and complaints.

D. Performance Measurement

It is important that each person employed by HCE possess a personal and professional interest in ensuring that the administration of the Medical Policy contract is successful, innovative, and rewarding. It is imperative that each employee understands and respects the program requirements and feels an obligation to assist in the improvement of processes used to fulfill responsibilities. HCE is receptive to suggestions for the enhancement of current functions, the betterment of written policies and criteria, and the upgrading of the overall effectiveness of the Medical Policy and Review Services operations.

To ensure that responsibilities are met efficiently and timely, the internal Quality Management Plan will provide the framework to monitor internal process performance and provide information to:

- Support and foster continuous quality improvement;
- Develop and implement processes that ensure all activities run efficiently, comply with the contract, and are consistent with IHCP goals and objectives;
- Maintain activities within a permissible range of deviation;

- Improve the reliability, accuracy, consistency, and timeliness of data and information; and
- Promote the IHCP through the provision of credible services.

For each business function, the monitoring plan establishes a control process, which meets the following objectives.

- Identifies what is subject to control and the elements measured through monitoring the organization's and individual's performance; monitoring the specific inputs, processes, and/or outcomes; and recognizing the most vital elements that account for most of the variations in performance.
- Sets the control standards (including tolerance limits) through the use of measures that permit a determination if performance is acceptable, and if the quality and quantity of the output are adequate to support organizational and program objectives.
- Identifies the information to be collected and how performance will be measured (e.g., what is being done and what should be done).
- Determines the reason for deviation through an assessment of the causes of any deviations from the standards.
- Provides appropriate and timely feedback on performance.
- Identifies and monitors improvement actions through decisions on the best course of action for eliminating deviations or for exceeding current performance.

The department Directors will evaluate several elements. Performance indicators will be based on measurements associated with numerical ratings (volume, timeliness, number of complaints about performance, etc.), as well as feedback from more subjective factors (opinions about performance from surveys, State officials, other contractors and partners, providers, members, and other sources). Monthly department performance reports will be submitted to the Program Director and other members of the Operations Assessment Committee. For each standard, the variance (exception) will be accompanied by comments explaining the cause and action, if any, needed to address the variance.

Several key indicators of performance associated with the SUR department, and expanded in the Quality Management Plan, have been listed below.

- Staffing levels and types of staff
- Staff competency

- Timely and accurate work plans and reports to the State
- Appropriate management of SUR toll-free telephone service
- Responsiveness to written correspondence and complaints
- Coordination with Medicaid Fraud Control Unit as evidenced by monthly notification of SUR audit recommendations
- Adequacy of coordination activities
- Creation and maintenance of SUR Operations Procedures manual
- Achievements associated with the SUR Annual Summary of Activities
- Appropriate performance of prepayment and post-payment review
- Responsiveness within three business days to legislative inquiries
- Availability to participate in appeals, hearings, and criminal cases
- Adequacy of banking activities
- Accuracy of entry in IndianaAIM
- Availability to participate in meetings

The Program Director has been delegated the responsibility to create and maintain the Quality Management Plan, support internal monitoring and improvement, and facilitate education programs and knowledge assessments. The Program Director is a member of the Operations Assessment Committee.

E. Operations Assessment Committee

The organization of our staff enhances communications between and among the various departments. To address each business function, we have created three operations departments. However, there are various techniques to facilitate movement of information and export expertise across all departments. One technique is the Operations Assessment Committee (OAC).

The OAC is formally comprised of the Program Director, Medical Director, and the Directors for Medical Policy, Prior Authorization, and SUR; the Executive Director, Midwest and Specialized Contracts may participate in the operations committee meetings and activities. Other employees may participate, as appropriate to the agenda items.

The Operations Assessment Committee will use a **FOCUS/PDCA** approach as its road map for continuous quality improvement.

Find a process to improve.
Organize a team that knows the process.
Clarify current knowledge of the process.
Understand sources of variation.
Select the process improvement.

Plan the improvement and collect data.
Do the improvement and data analysis.
Check and study the results.
Act to hold the gain and keep improving.

F. Quality Management – SUR

SUR utilizes a number of methodologies to enhance and recognize the quality of work products and job performance.

1. Post-Audit Evaluation

A post-audit survey of provider office staff is completed by SUR Supervisors to evaluate the overall audit experience, education, and direction provided by the SUR review team during the audit. Audit feedback will be utilized to enhance the audit process.

2. Peer Review Evaluation

Peers will complete evaluation of co-worker's audit performance as lead and supporting auditors to ensure optimal performance and identify areas of strength and potential opportunities for training or procedure revision.

3. Concurrent Call Monitoring

SUR Supervisors will concurrently monitor incoming calls from members and providers to ensure the highest standards of customer assistance and support are provided. A minimum score of six on a scale of one through nine will be maintained with remedial training occurring for any staff scoring below the minimum level.

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Appendix A

| DATE OF REVISION | REVISION NUMBER | REVISED AND/OR NEW PAGES | DESCRIPTION | APPROVED |
|------------------|-----------------|--------------------------|---|----------|
| 08/12/05 | 2 | i - iv | Updated: ♦Page numbers on Table of Contents ♦I.A. Revised title to match section title ♦Section 3: DSS Profiler Added: Section IX: 1. Internal Coordination, 2. External Coordination | 8/15/05 |
| 08/12/05 | 1 | I-8 | Updated: Print Quick HIPAA Guidelines Handout sent 3/25/03 by Kim Forrest located on SUR T drive Added: Section 3. NOTE – If an e-mail is sent that does <u>not</u> contain PHI, the sender is to remove the privacy statement. This procedure will assist in drawing attention to the presence and sensitivity of PHI in e-mails that are sent with the privacy statement. | 8/15/05 |
| 08/12/05 | 1 | II-1 | Added: Section A. Program Integrity Coordinator, Prepayment Review Coordinator | 8/15/05 |
| 08/12/05 | 2 | II-3 | Added: ♦First paragraph – and Coordinator ♦Fourth paragraph – The Prepayment Reviewer and Coordinator Updated: ♦First paragraph – two occurrences of The Program Integrity Specialists Staff ♦Fourth paragraph – two occurrences of The Prepayment Review Staff | 8/15/05 |
| 08/12/05 | 1 | II-5 | Added: Program Integrity Coordinator, Prepayment Review Coordinator, Prepayment Review/Recoupment Support Specialist, RCP Specialist, Restricted Card (RCP) Supervisor Updated: Number of current employees | 8/15/05 |
| 08/12/05 | 1 | III-1 | Deleted: Entire section III, SUR WINDOWS AND RAMS II REPORT OPTIONS. Added: DSS PROFILER. Due the demand for more accurate identification of aberrant cases, the State requested Electronic Data Systems (EDS) and Health Care Excel (HCE) coordinate in an effort replace the RAMS II system. EDS and HCE began development of the new system, DSS Profiler, in the summer of 2004. Full implementation of DSS Profiler is scheduled for the third quarter 2005. ♦DSS Profiler will replace the obsolete, traditional RAMS II Control File System in July 2005. ♦DSS Profiler is an integrated query, reporting and analysis tool that uses information from the DSS Data Mart. The DSS Profiler will be utilized to obtain over 110 profile reports for members and providers. The reports include exception ranking for providers that rank greater than two standard deviations above their peers. | 8/15/05 |
| 08/12/05 | 1 | IV-3 | Added: C.1.a. Medical Policy studies and/or investigations that highlight a suspected provider, provider type, or specific billing practice | 8/15/05 |

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| 08/12/05 | 1 | IV-9,11 | Added: Under 45 CFR 164.506, a covered entity may disclose or release Protected Health Information without the individuals authorization, for treatment, payment and health care operation activities. According to 45 CFR 164.501, "health care operations" include conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs. | 8/15/05 |
| 08/12/05 | 2 | IV-13 | Added: 2. Case Prioritization. When Program Integrity refers a case to SUR for review, a priority of green, yellow or red, is assigned with green being the highest priority. The case prioritization was designed to ensure that cases with the greatest potential impact to the IHCP are investigated in the shortest possible time frame. Caseloads are worked in the order of the priority. Management may change priority levels upon additional review of the case. The criteria used to assign priorities is explained in detail in EXHIBIT IV – 5. | 8/15/05 |
| 08/12/05 | NEW PAGES | IV-15-17 | Added: EXHIBIT IV – 5, CASE PRIORITY | 8/15/05 |
| 08/12/05 | 2 | IV-53-54 | Updated: Numbering of exhibits - EXHIBIT IV- 6-7 | 8/15/05 |
| 08/12/05 | 1 | IV-55-59 | Updated: Numbering of exhibits - EXHIBIT IV-6-7 | 8/15/05 |
| 08/12/05 | 1 | IV-62 | Added: Item (5) also, go to status and select paid from the drop down menu. | 8/15/05 |
| 08/12/05 | 1 | IV-74 | Updated: Item (28) Choose Medicare Medicaid (IN AP) and select OK. | 8/15/05 |
| 08/12/05 | 1 | IV-76 | Updated: Item (3) Choose the appropriate Patient Disposition (indicated by Patient Status on the claim face sheet) and select OK. | 8/15/05 |
| 08/12/05 | 1 | IV-80 | Added: Item q.1. For a non-hospital audit, utilize the claim list obtained with the hardcopy SUR 1300 report and claim worksheets, or create a list in spreadsheet format. | 8/15/05 |
| 08/12/05 | 1 | IV-81 | Updated: <ul style="list-style-type: none"> ♦Numbering of EXHIBIT IV-9-12 ♦Item (6) Send Notification of Review letter to the provider via fax and mail. ♦SUR conducts a minimum of 60 120 on-site audits, 30 80 medical record audits, and 20 door-knock audits per year, utilizing a defined, defensible auditing methodology. | 8/15/05 |
| 08/12/05 | 1 | IV-82 | Updated: <ul style="list-style-type: none"> ♦The case file and all auditing materials related to the case are given to the SUR Secretary for filing. ♦Numbering of exhibits - EXHIBIT IV-13 | 8/15/05 |
| 08/12/05 | 1 | IV-83-96, 98, 103-117 | Updated: Numbering of exhibits - EXHIBIT IV- 8-17 | 8/15/05 |
| 08/12/05 | 1 | V-1 | Updated: <ul style="list-style-type: none"> ♦A calculation of the interest that will accrue through the 180 60-day appeal period is included in the provider findings letter. ♦1. The provider can repay the overpayment not later than 180 60 (hospital and non-hospital) days from the receipt of the audit findings letter. | 8/15/05 |
| 08/12/05 | 1 | V-2 | Updated: <ul style="list-style-type: none"> ♦Item 1. The provider may file an appeal and repay the amount of the overpayment no later than 180 60 days from the receipt of notification. ♦Item 2. The provider can choose to file an appeal no later than 180 60 days from receipt of the audit findings letter and not repay the overpayment. | 8/15/05 |

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| 08/12/05 | 2 | V-13 | Updated: | ♦Revised FIGURE V – 14. ♦Select Business Online from drop down menu. | 8/15/05 |
| 08/12/05 | 2 | V-15-17 | Updated: | FIGURES V-15-18 and corresponding instructions are new | 8/15/05 |
| 08/12/05 | 2 | V-18 | Updated: | Numbering of FIGURE V-19 | 8/15/05 |
| 08/12/05 | 2 | V-19 | Updated: | ♦Numbering of FIGURE V-20 ♦Only the Recoupment Specialist and SUR Director Supervisor of the Recoupment function have access to the password. | 8/15/05 |
| 08/12/05 | 2 | V-20 | Updated: | Numbering of FIGURE V-21 | 8/15/05 |
| 08/12/05 | 2 | V-21 | Updated: | New screen shot and Numbering of FIGURE V-22 | 8/15/05 |
| 08/12/05 | 2 | V-22 | Updated: | New screen shot and Numbering of FIGURE V-23 | 8/15/05 |
| 08/12/05 | 2 | V-23-61 | Updated: | Numbering of FIGURE V-24-64 | 8/15/05 |
| 08/12/05 | 1 | VI-1 | Updated: | Two instances of the Prepayment Review Specialist Coordinator | 8/15/05 |
| 08/12/05 | 1 | VI-8 | Deleted: Updated: | ♦Item A.2.q. . . .with a copy provided for the SUR case file ♦Item B.1.a. SUR secretary ♦Item B.1.b. SUR secretary ♦Item B.1.c. SUR Secretary ♦Item B.1.d. SUR Secretary ♦Item B.1.d. and then delivers claim documentation to Prepayment Review Specialist. ♦Item B.1.e.completed by the SUR Secretary ♦Item A.3.e. Prepayment Review Specialist Coordinator ♦Item B.1.c. Prepayment Review Specialist Coordinator ♦Item B.1.e. Recoupment Support Specialist | 8/15/05 |
| 08/12/05 | 1 | VI-18 | Updated: | C-D Specialist Coordinator/Reviewer | 8/15/05 |
| 08/12/05 | 1 | VI-26 | Deleted: | K. A copy is also placed in the provider's SUR case file. | 8/15/05 |
| 08/12/05 | 1 | VI-27 | Deleted: Updated: | CO-MAND replaced with ON Demand FIGURE VI-25 and corresponding instructions | 8/15/05 |
| 08/12/05 | 1 | VI-28 | Updated: | FIGURE VI-26 and corresponding instructions | 8/15/05 |
| 08/12/05 | 1 | VI-29 | Updated: | FIGURE VI-27 and corresponding instructions | 8/15/05 |
| 08/12/05 | 1 | VI-30 | Updated: | FIGURE VI-28 and corresponding instructions | 8/15/05 |
| 08/12/05 | 1 | VI-31 | Updated: | FIGURE VI-29 and corresponding instructions | 8/15/05 |
| 08/12/05 | 1 | VI-32 | Updated: | FIGURE VI-30 and corresponding instructions | 8/15/05 |
| 08/12/05 | 1 | VI-33-34 | Updated: | EXHIBIT VI-1 and corresponding instructions | 8/15/05 |
| 08/12/05 | 1 | VI-35-36 | Updated: | EXHIBIT VI-2 and corresponding instructions | 8/15/05 |
| 08/12/05 | 1 | VI-37-38 | Updated: | EXHIBIT VI-4 position title changed from reviewer to coordinator and prepayment specialist to coordinator; audit supervisor added | 8/15/05 |
| 08/12/05 | 1 | VII-1 | Added: Updated: | First paragraph - (or by a date specified by OMPP) The A Program Integrity staff member specialists | 8/15/05 |

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| 08/12/05 | | VIII-1 | Deleted: | Item D. New Provider Analysis – At six-month intervals (January through June and July through December), SUR completes a review of utilization by newly enrolled IHCP providers that are submitting claims to the IHCP. This analysis is helpful in quickly identifying potentially troublesome providers before they have had a long period of time to bill inappropriately. Many providers identified through this analysis receive unannounced visits to verify service location, substantiate staff credentials and equipment availability, and to briefly review documentation patterns. These door knock visits are primarily educational in nature and may result in a full on-site audit if significant problems are noted. | 8/15/05 |
| 08/12/05 | 1 | IX-1 | Added: | Item A. third paragraph - As the result of a SUR contract expansion effective 3/1/05, SUR is developing a Claims Analysis and Recovery (CAR) unit. CAR will systematically identify overpayments for recovery. CAR, SUR, and PI staff will coordinate to prevent duplication of efforts. The addition of the CAR unit allows a more centralized effort to enhance program integrity and promote program safeguards. | 8/15/05 |
| 08/12/05 | 1 | IX-2 | Added: | <p>♦First paragraph - Program Integrity implemented a referral process to help facilitate more comprehensive SUR referrals to the MFCU. The process encompasses all aspects of the case known to SUR for cases recommended for further investigation by the MFCU.</p> <p>♦Item 3. second paragraph - As a result of providers attempting to circumvent prepayment review by re-enrolling under a new provider name and number, Program Integrity implemented a new process. Program Integrity coordinates with EDS to obtain newly enrolled provider enrollment verification provider listings for designated program areas on a monthly basis. This process allows Program Integrity to monitor shifts in utilization by these providers.</p> <p>♦Item 6. SUR participates in the Northern Indiana Health Care Fraud Task Force quarterly meetings focusing on health care fraud in the northern district of Indiana. Participants include the United States Attorney’s Office Northern Indiana district; OIG; FBI; IRS; CMS Program Safeguard Contractors (PSCs), and IMFCU.</p> | 8/15/05 |
| 08/12/05 | 1 | IX-3 | Deleted: | Item 5. Audit Systems Meeting – SUR facilitates a monthly meeting between OMPP, EDS, and PIP to discuss potential and necessary claims processing systems changes, and to identify system issues that may affect payment and audits. This meeting also provides a common ground where parties can discuss the potential benefits and draw backs of various system functionality | 8/15/05 |
| 08/12/05 | 1 | XII-1 | Update: | Left side – CO On-Demand Reports | 8/15/05 |
| 08/12/05 | 1 | | Added: | Right side - IMFCU Release Request – Off-site Audit Recommendation, Right side - Entrance and Exit Conference notes, Exit Conference sign-in sheet | 8/15/05 |

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| 08/12/05 | 1 | XII-2 | Updated: ♦1. in the secured HCE records storage area located on the first floor of the Indianapolis office at an off-site storage facility. ♦2.b. The SUR Secretary will make arrangements for transfer of the case file to HCE's first floor storage. Cases will be stored in the HCE second floor storage area until one year after the date of case closure. | 8/15/05 |
| 08/12/05 | 1 | XII-3 | Added: ♦b. . . send an email to the OMPP Administrative Assistant with the request. The OMPP Administrative Assistant will . . ♦The State of Indiana Records Center will coordinate the delivery with the SUR Secretary. ♦c. seven six | 8/15/05 |
| 08/12/05 | 1 | XII-4 | Updated: ♦first floor replaced by second floor ♦1. . . until the maximum capacity has been met. Once the maximum capacity has been met, these boxes will be purged to an off-site storage facility. | 8/15/05 |
| 08/12/05 | 1 | XII-5 | Updated: EXHIBIT XII-2 | 8/15/05 |
| 08/12/05 | 1 | XII-8 | Updated: Dates | 8/15/05 |
| 08/12/05 | 1 | Index 1-3 | Updated: Page numbers and titles | 8/15/95 |